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## BIB DATA SHEET

CONFIRMATION NO. 6458

<b>SERIAL NUMBER</b> 10/524,316	<b>FILING or 371(c) DATE</b> 02/09/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> 02839/46401		
<b>APPLICANTS</b> Nicholas Peter Franks, London, UNITED KINGDOM; Mervyn Maze, London, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/03391 08/05/2003 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0218153.5 08/05/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ERNST V ARNOLD/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials _____	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 18 <del>20</del>	<b>INDEPENDENT CLAIMS</b> 2 <del>3</del>
<b>ADDRESS</b> KENYON & KENYON LLP ONE BROADWAY NEW YORK, NY 10004 UNITED STATES						
<b>TITLE</b> Analgesic agent for newborn or fetal subjects						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			